

41341

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JAN 14 1943

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeths Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hours
(Specify whether
In this community all of life
years, months or days)

3. (a) PRINT FULL NAME JOHN THOMAS WHITE, JR
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7-19-1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 4 7 hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name John Thomas White
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Hartman
15. Birthplace Philadelphia Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucinda White

(b) Address Palmira Mo.

17. (a) Little Union (b) Date thereof 11-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Union Cemetery

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmira Mo.

19. (a) 11-28-42 (b) R. D. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmira
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1942 hour 5 minute 3.9 M.

21. I hereby certify that I attended the deceased from 23
Nov. 1912 to Nov 26, 1942;
that I last saw him alive on Nov 25, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus Duration
Blood stream infection 3 day

Due to abscessed infection
of tooth
Due to

Other conditions (Include pregnancy within 3 months of death) h40

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature G. A. Rosell (M. D. or other)

Address Palmira Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....*me*.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*A. G. Sprague*.....

Licensed Embalmer No.....*999*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.